

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/29/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967075	(X3) DATE SURVEY COMPLETED 04/09/2014
NAME OF PROVIDER OR SUPPLIER Sweet Paradise Elderly Home Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 4986 E 9 Lane Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A unannounced Change of Ownership(CHOW)survey was conducted on April 09, 2014.
Sweet Paradise Elderly Home Inc. had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 30, 2014

Administrator
Sweet Paradise Elderly Home Inc
4986 E 9th Lane
Hialeah, FL 33013

Dear Administrator:

This letter reports findings of a state licensure Change of Ownership survey that was conducted on April 9, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

and
Enclosure

